15/5/2010

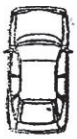
INS. CASE OWNER: Joel | CC / CTI1 0 / | LKK: | IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 02/01/18 Date / Time : 02/01/18

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKE 5789T Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

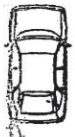
Excess Sec II :S$ _____ D.O.A : 29/12/17 Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

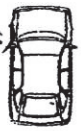
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

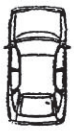
SHB 8906D → _____ → _____ → _____



INSRS:
WSP: Premier Auto (Chai)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 8906D - CS/FCI 17001814/H1gb12 DOA: 24/01/17
	S - NA/CTI 16017905/H4 DOA: 03/09/16
	SKE 5789T - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: 03/01/18 Sent By: Shirley Hsieh

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Kalvin

ASSIGNMENT

From: Date: | Veh No: SHB 8906D | Regn: 10 Apr 2024

Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: | Make: KIA Optima | cc: 168

at Workshop name: | Colour: Silver | A/C: Ins / Std / N / NA

of: | Sp Reading: 406805 | T Pad: Ins / Std / N / NA

Insured: | Eng No:

Policy No: | C No: KNA GM41XME5462270

Claims No: | Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess: | Steering: In order / Jammed / Leaked / Burnt or

(Client's Record) | Brakes: In order / Jammed / Leaked / Burnt or

Make of Veh: | Mod: Nil / S.Rim / STD A.Rim or

| Tyre Size F: 205/65 R16

(Policy Condition) | R: "

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Bal. or Market Value:

Front			Rear		
R.Bal.	7	mm	R.Bal.	7	mm
L.Bal.	7	mm	L.Bal.	7	mm
D.O.A.	29/12/17		D.O.I.	2/1/18	

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

Survey held at: Premier

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear

Vehicle: IN / OUT

Date: Person Contacted:

The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction

CTI

Date/Time File Passed to: [ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: [ ] Site Insp $

[ ] $

[ ] $

Report Format:

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	10 Apr 2014 / 09:05:58	Receipt No.:	AACCK001-AX239-140410-000002
Asset Type:	Vehicle	Transaction Amount:	$72,287.00
Asset ID:	SHB8906D	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140410090558518064		

Vehicle No.:	SHB8906D
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	10 Apr 2014
Original Registration Date:	10 Apr 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5462270
Engine No.:	D4FDDH308352
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	$19,776.00
Minimum PARF Benefit:	$7,365.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	10 Apr 2014 09:05:58
COE No.:	2014041001000796H
COE Expiry Date:	09 Apr 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	$59,871.00
Lifespan Expiry Date:	09 Apr 2022
Owner ID Type:	Company